

BEST AVAILABLE COPY

CLAIMS ONLY							SERIAL NO.		FILING DATE		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/		/		/		51				
2		/		/			52				
3		/		/			53				
4		/		/			54				
5		/		/			55				
6		/		/			56				
7		/		/			57				
8		/		/			58				
9		/		/			59				
10		/		/			60				
11		/		/			61				
12	/		/		/		62				
13		/		/			63				
14		/		/			64				
15	1		/		/		65				
16		/		/			66				
17		/		/			67				
18		/		/			68				
19		/		/			69				
20		/		/			70				
21		/		/			71				
22		/		/			72				
23		/		/			73				
24		/		/			74				
25		/		/			75				
26		/		/			76				
27		/		/			77				
28							78				
29							79				
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37							87				
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39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.							TOTAL IND.				
TOTAL DEP.							TOTAL DEP.				
TOTAL CLAIMS							TOTAL CLAIMS				

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS